

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000078198**1. Entity Name
BEACON HOLDING CORP.

Principal Place of Business 9015 NW 13TH TERRACE MIAMI FL 33126	Mailing Address 9015 NW 13TH TERRACE MIAMI FL 33126
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2. Principal Place of Business 9015 NW 13TH TERRACE	3. Mailing Address 9015 NW 13TH TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL
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4. FEI Number 65-0622819	Applied For ☐ Not Applicable
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Zip 33172	Country	Zip 33172	Country
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PHILLIPS GARY SESQ.**
19495 BISCAYNE BLVD. STE 606**NO. MIAMI BEACH FL**
33180 USName
MERRITT RALPH, JR.
Street Address (P.O. Box Number is Not Acceptable)
9015 N.W. 13TH TERRACECity
MIAMI FL Zip Code
33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **RALPH MERRITT, JR.****01/24/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	☐ Delete
NAME	MERRITT RALPH JR.	
STREET ADDRESS	9015 NW 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	D	☒ Change ☐ Addition
NAME	MERRITT RALPH JR.	
STREET ADDRESS	9015 NW 13TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
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TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Merritt, Jr.**D****01/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)